

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 532-2014-01635 </div> </div>	
Ohio Civil Rights Commission and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Dr. Harold C. Mason		Home Phone (Incl. Area Code) (216) 338-0136	Date of Birth 09-12-1972
Street Address City, State and ZIP Code 2621 North Moreland Blvd., #203, Cleveland, OH 44120			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name UNIVERSITY HOSPITALS HEALTH SYSTEM		No. Employees, Members 500 or More	Phone No. (Include Area Code) (216) 844-3820
Street Address City, State and ZIP Code 11100 Euclid Ave, Cleveland, OH 44106			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 05-14-2014 05-14-2014 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I interviewed for an Urgent Care Fellow position with the above named Respondent on April 30, 2014. On May 1, 2014, I was informed by Natasha Ria Cruz, M.D., Program Director, that I had been selected for the position. She further stated that training would commence on August 1, 2014. On May 14, 2014, I received a letter from Michael Nochomovitz, M.D, President and Chief Medical Officer, stating that upon further review of my application and the Fellowship participation criteria, Respondent had decided to pursue other candidates for this position.</p> <p>I believe I was discriminated against because of my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII), because my age, 41, in violation of the Age Discrimination in Employment Act of 1967, as amended (ADEA), and because of my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended (ADAAA).</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. <div style="text-align: center;"> EEOC CLEARING UNIT JUN 20 2014 Date RECEIVED </div>	NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT <i>Dr. Harold C. Mason</i> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <i>Deborah J. Smith 6/20/2014</i>
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